

Virtual Terminal Customers Billing Plans Scheduled Payments

Associated Psychologist PLC

Sale

Authorize and Capture

Search for a customer



Name on Card *

Billing Address

City / State

Zip

Email Address

☐ Email Receipt

Phone Number

Account number *

Patient name *

Doctor name *

Cardholder Permission *

Cardholder permission is required to store payment card information for future use. If the cardholder did not provide permission, their profile cannot be saved.

☐ Cardholder has given verbal or written permission to save profile and all associated cards at all locations.

I, _____, understand Associated Psychologists, PLC will charge my credit card (typically once a month) for any deductibles, copayments and/or fees that may accrue.

I understand that by paying my balance with a credit card on file, I will not receive an itemized statement.

I also understand that it is my responsibility to keep this information up to date, including providing new information if the card information changes or the account has insufficient funds to cover these charges.

Card Type: VISA MASTERCARD DISCOVER

Card Number: _____

Expiration Date: _____ CVV Code: _____